



GSD-01 GENERAL SOURCE DATA— BASIC SOURCE LEVEL INFORMATION

State Form 50640 (R3 / 9-04)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
Http://www.IN.gov/idem/air/permits/index.html

NOTES: I The purpose of GSD-01 is to provide essential information about the entire source of air pollutant emissions. GSD-01 is a required form.

I Detailed **instructions** for this form are available online at <http://www.IN.gov/idem/air/permits/apps/instructions/gsd01instructions.pdf>.

I All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly, will result in your information becoming a public record, available for public inspection.

FOR OFFICE USE ONLY	
PERMIT NUMBER:	

PART A: SOURCE LOCATION INFORMATION

1. Source Name:			
2. Portable/Stationary: Is this a portable or stationary source?		Portable	Stationary
3. Location Address:			
City:	State:	ZIP Code:	
4. County Name:		5. Township Name:	
6. Geographic Coordinates:			
Latitude:		Longitude:	
7. Universal Transferal Mercadum Coordinates (if known):			
Zone:	Horizontal:	Vertical:	
8. Adjacent States: Is the source located within 50 miles of an adjacent state?			
No	Yes – Indicate Adjacent State(s):	Illinois (IL)	Michigan (MI) Ohio (OH) Kentucky (KY)
9. Attainment Area Designation: Is the source located within a non-attainment area for any of the criteria air pollutants?			
No	Yes – Indicate Non-attainment Pollutant(s):	CO	Pb NOx O3 PM/PM10 SO2

PART B: SOURCE STATUS

10. Source Name History: Has this source recently been operated under any other name(s)?			
No	Yes	- Past Source Name:	
11. Source Location History: Has the location of this source recently changed?			
No	Yes	- Past Location Address:	
City:	State:	ZIP Code:	
County Name:	Township Name:		
12. Permitting Level: Has a permitting level been established for this source?		No	Yes – Indicate level below:
Registration	SSOA	Permit by Rule	MSOP FESOP TVOP Exemption
13. Existing Approvals: Have any exemptions, registrations, or permits been issued to this source?			
No	Yes – List these permits and their corresponding emissions units in Part I, Existing Approvals.		
14. Unpermitted Emissions Units: Does this source have any unpermitted emissions units?			
No	Yes – List all unpermitted emissions units in Part J, Unpermitted Emissions Units.		
15. New Source Review: Is this source proposing to construct or modify any emissions units?			
No	Yes – List all proposed new construction in Part K, New or Modified Emissions Units.		
16. Risk Management Plan: Has this source submitted a Risk Management Plan?			
Not Required	No	Yes, Date submitted: ____/____/____	EPA Facility Identifier: ____

PART C: SOURCE CONTACT INFORMATION

17. Name of Source Contact Person :		
18. Title (optional):		
19. Mailing Address:		
City:	State:	ZIP Code:
20. Internet Address (optional):		
21. Electronic Mail Address (optional):		
22. Telephone Number ((xxx) xxx-xxxx):		23. Facsimile Number: (optional)

PART D: AUTHORIZED INDIVIDUAL/RESPONSIBLE OFFICIAL INFORMATION

24. Name of Authorized Individual or Responsible Official:		
25. Title:		
26. Mailing Address:		
City:	State:	ZIP Code:
27. Telephone Number ((xxx) xxx-xxxx):		28. Facsimile Number (optional):

PART E: OWNER INFORMATION

29. Name of Owner:		
30. Name of Owner Contact Person		
31. Mailing Address:		
City:	State:	ZIP Code:
32. Telephone Number ((xxx) xxx-xxxx):		33. Facsimile Number (optional):
34. Operator: Does the "Owner" company also operate the source to which this application applies?		
No - Proceed to Part F below.	Yes - Enter "SAME AS OWNER" on line 35 and proceed to Part G below.	

PART F: OPERATOR INFORMATION

35. Name of Operator:		
36. Name of Operator Contact Person :		
37. Mailing Address:		
City:	State:	ZIP Code:
38. Telephone Number ((xxx) xxx-xxxx):		39. Facsimile Number (optional):

PART G: AGENT INFORMATION

40. Name of Agent:		
41. Name of Agent Contact Person :		
42. Mailing Address:		
City:	State:	ZIP Code:
43. Electronic Mail Address (optional):		
44. Telephone Number ((xxx) xxx-xxxx):		45. Facsimile Number (optional):
46. Request for Follow-up: Does the "Agent" wish to receive a copy of the preliminary findings during the public notice period (if applicable) and a copy of the final determination?		
		No Yes

PART H: SOURCE PROCESS DESCRIPTION

47. Process Description		48. Products	49. SIC Code	50. NAICS Code
a.				
b.				
c.				
d.				

PART I: EXISTING APPROVALS

51. Permit ID	52. Emissions Unit ID	53. Expiration Date
a.		
b.		
c.		
d.		

PART J: UNPERMITTED EMISSIONS UNITS

54. Emissions Unit ID	55. Type of Emissions Unit	56. Actual Dates		
		Began Construction	Completed Construction	Began Operation
a.				
b.				
c.				
d.				
e.				

PART K: NEW OR MODIFIED EMISSIONS UNITS

57. Emissions Unit ID	58. New	59. Mod.	60. Type of Emissions Unit	61. Estimated Dates		
				Began Construction	Completed Construction	Began Operation
a.						
b.						
c.						
d.						
e.						

PART L: LOCAL LIBRARY INFORMATION

62. Date application packet was filed with the local library:		
63. Name of Library:		
64. Name of Librarian (optional):		
65. Mailing Address:		
City:	State:	ZIP Code:
66. Internet Address (optional):		
67. Electronic Mail Address (optional):		
68. Telephone Number:	69. Facsimile Number (optional):	